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20995 7590 10/05/2007

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(Depositor's name)
 (Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/656,592	09/04/2003	Edwin C. Iliff	ILIFF.2CPICID	7964

TITLE OF INVENTION: COMPUTERIZED MEDICAL DIAGNOSTIC SYSTEM UTILIZING LIST-BASED PROCESSING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	No YES-	\$1440 \$720	\$300	\$0	\$1740 \$1020-	01/07/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
NASSER, ROBERT L	3735	600-300000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	I Knobbe Martens Olson & Bear LLP 2. _____ 3. _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Clinical Decision Support, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Nashville, TN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2).

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Authorized Signature Raimond J. Salienski

Date January 7, 2008

Typed or printed name Raimond J. Salienski

Registration No. 37,924

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